RESULTS:
Factors, sequential treatment/response history and socio-demographic details are collected from the Health and Medical Research Network (HMRN) that comprises a population-based cohort of patients newly diagnosed with MGUS. The database includes prognostic factors, such as age, sex, and comorbid conditions. The HMRN that comprises a population-based cohort of patients newly diagnosed with MGUS.

METHODS:
Objectives: Our hypothesis was that undiagnosed rheumatic diseases were being referred to haematology rather than rheumatology erroneously. Our aim was to determine the prevalence of undiagnosed rheumatic diseases in newly diagnosed MGUS patients.

RESULTS:
In the 255 MGUS patients who were referred for haematology, 11 cases (4.3%) were identified as having rheumatic disease. Among these, 9 cases were primary immune deficiencies and 2 cases were secondary immune deficiencies.

CONCLUSION:
Approximately 1 in 20 cases of MGUS have an underlying inflammatory disease that may often be non-specifically driving antibody production including monoclonal gammopathy and rheumatoid arthritis (2, 3).

REFERENCES:

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THU0065
AN ATYPICAL CASE OF PONCET DISEASE
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Background: Poncet disease (PD) is defined as an inflammatory rheumatism associated with visceral tuberculosis without direct bacteriological involvement of the joints [1]. It is classified as a para-infectious rather than a reactive arthritis [2].

Objectives: Here by a first case of PD who presented with sterile arthritis and tuberculous spondyloarthropathies.

Methods: We report a case of a 40-year-old women who presented with polyarthritides in 2014. On physical examination, she had synovitis in both wrists, the metacarpophalangeal joints and the fifth proximal interphalangeal joint of the right hand. Her serum was negative for Rheumatoid Factor (RF) and anti-cyclic citrullinated peptide (anti-CCP) antibody. Her C-reactive protein (CRP) was 24.5mg/l. Ultrasound revealed tenosynovitis of the superficial and deep flexor tendons on both hands with Doppler signal. The Magnetic resonance imaging (MRI) of the hands showed active synovitis in the wrists mainly in the distal radioulnar joint, erosions in the ulnar styloid as well as edematous infiltration of the soft tissue of the hands. Since she fulfilled the new ACR/EULAR 2010 criteria for RA, a diagnosis of rheumatoid arthritis (RA) was made and the patient was put on Methotrexate (MTX) 15mg/week/po in January 2015. Eight months later, the patient developed high temperature 38°C and lumbar stiffness. A chest CT performed as part of the etiologic investigation didn’t show pulmonary manifestations but revealed a lytic vertebrae lesion. Lumbar spine MRI showed proverteral edema and soft tissue enhancement with abnormal marrow signal in L2 and L3 which was concerning for infectious etiology. MTX was stopped. A CT-guided core needle biopsy concluded to a tuberculous spondyloarthropathies. The patient was initiated on an antituberculous-therapy (ATT) for 15 months. The course was marked by the reoccurrence of low back pain. MRI of the spine was then performed and revealed persistence of spondyloarthropathies and multiple abscesses at the levels of L2-L3. The ATT was resumed.

Results: The patient received four drugs for 4 months, followed by isoniazid and rifampicin for 1 year. At follow up, the patient responded well to treatment with complete resolution of symptoms without sequelae. She did not present neither polyarthritides nor synovitis. Moreover, she sustained a negative CRP (2mg/dl). Ultrasound control of the wrists did not show synovitis or tenosynovitis Doppler signal. Similarly, a disappearance of effusion as well as synovitis was noted on the MRI at follow up.

Conclusion: We report a unique case of Poncet disease with tuberculous spondyloarthropathies. It is important to recognize PD in a patient presenting with polyarthritides in order to avoid unnecessary long-term disease-modifying anti-rheumatic treatment. Future research is indicated to understand the etiopathogenesis of Poncet’s disease and to educate clinicians as to the importance of maintaining a high index of suspicion about this rare, yet potentially easily treatable disease.

REFERENCES:

Disclosure of Interests: None declared.

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THU0066
RHEUMATOID ARTHRITIS INDUCED BY ALPHA-INFERNER THERAPY: A RARE CASE PRESENTATION
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Background: Interferon-α (INF-α) is known for its antiviral and antiproliferative effects, used mainly for the treatment of chronic hepatitis C infection [1]. Immunomodulatory effects have been reported in patients treated with INF-α, including hematological, immunological, rheumatological and dermatological disorders [2]. In fact, INF-α may lead to the induction or exacerbation of auto-immune diseases such as psoriasis, systemic lupus erythematosus, and rarely rheumatoid arthritis (RA).

Objectives: We report the case of a Caucasian who developed anticyclic citrullinated peptide antibody (anti-CCP)-positive RA following treatment of chronic hepatitis C infection with pegylated INF-α.

Methods: A 57-year-old women was diagnosed of chronic hepatitis C infection after detection of abnormal liver function. She has a genotype Ib with a high viral load: RNA was 100,000 Ul/ml. Liver histology showed advanced fibrosis and portal fibrosis (A3 F4 according to metavir score). A history of blood transfusion was found. The patient was placed on a 24-week course of PEGylated -INF-α2a 180 μg weekly and a 1000 mg daily dose of ribavirin. After

Disclosures of Interests: None declared.